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APPLICATION FOR MEMBERSHIP

PAYSON AREA ADVISORY YOUTH COUNCIL (PAAYC)

2013

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Please print or type.

Name: Savannah Grassel **Birthday:** [redacted]

Address: [redacted] **Age:** [redacted]

City: Star Valley **Zip Code:** 85541

School/ Home School: Payson High School **Grade Level (fall 2013):** 12

Phone: [redacted] **e-Mail** [redacted]

PLEASE READ AND SIGN BELOW

Application Certification

Please read the following statements carefully and sign below with you parent or guardian to acknowledge that you understand and agree to the statements.

I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that providing false information may disqualify me from the council.

If chosen for the Payson Area Advisory Youth Council (PAAYC), I understand that I will be a representative of the Town of Payson and my peers at official Town functions and at other events for PAAYC members. While serving as a PAAYC member, I agree to represent the Town and my peers well, to behave in a mature and respectful manner and to make good decisions. I understand that I may be removed from the PAAYC for engaging in unlawful activities or negative behaviors that would compromise my role as a representative of the Town of Payson and my peers.

Serving as a member of the PAAYC will require me to attend meetings after school or in the evening at least once a month, as well as special events in the evening or weekends. I understand that I am responsible for my own transportation to the meetings. I acknowledge that I have the transportation, time, and commitment to be a member of the PAAYC.

Savannah Grassel — 2/19/13

Student Name — Date

[signature] — 2/28/13

Parent/Guardian — Date

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